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B22C (Official Form 22C) (Chapter 13) (01/08)

In re Olutoyin O. Oguntolu	According to the calculations required by this statement:
Debtor(s)	☐ The applicable commitment period is 3 years.
Case Number: 09-12500	■ The applicable commitment period is 5 years.
(If known)	■ Disposable income is determined under § 1325(b)(3).
	☐ Disposable income is not determined under § 1325(b)(3).
	(Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

	Part I. REPORT OF INCOME				
1	Marital/filing status. Check the box that applies and complete the balance of this part of this state a. □ Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10.				
	b. Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.			Column B Spouse's Income	3
2	Gross wages, salary, tips, bonuses, overtime, commissions.	\$	4,600.72	\$ 0	0.00
3	Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV.				
	Debtor Spouse				
	b. Ordinary and necessary business expenses \$ 0.00 \$ 0.00				
	c. Business income Subtract Line b from Line a	\$	0.00	\$ 0	0.00
4	Rents and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part IV. Debtor Spouse a. Gross receipts \$ 0.00 \$ 0.00				
	b. Ordinary and necessary operating expenses \$ 0.00 \$ 0.00 c. Rent and other real property income Subtract Line b from Line a	φ.	0.00	Φ.	
5		\$	0.00		0.00
-	Interest, dividends, and royalties.	\$	0.00	\$ 0	0.00
6	Pension and retirement income.	\$	0.00	\$ 0	0.00
7	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse.	\$	0.00	\$ 0	0.00
8	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below: Unemployment compensation claimed to				
	be a benefit under the Social Security Act Debtor \$ 0.00 Spouse \$ 0.00	\$	0.00	\$ 0	0.00

9	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.		
	Debtor Spouse		
	a. son's contribution \$ 2,500.00 \$ 0.00	0.00	\$ 0.00
10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9	0.72	
11	Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.		7,100.72
	Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD		
12	Enter the amount from Line 11	\$	7,100.72
13	Marital Adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or th debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.	e	
	b.		
	C. \$ Total and enter on Line 13	_	
1.4		\$	0.00
14	Subtract Line 13 from Line 12 and enter the result.	\$	7,100.72
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.	l \$	85,208.64
16	Applicable median family income. Enter the median family income for applicable state and household size. (Thi information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	is	
	a. Enter debtor's state of residence: MD b. Enter debtor's household size: 2	\$	71,213.00
	Application of § 1325(b)(4). Check the applicable box and proceed as directed.		
17	 □ The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment top of page 1 of this statement and continue with this statement. ■ The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commitment at the top of page 1 of this statement and continue with this statement. 		
	Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOME		
18	Enter the amount from Line 11.	\$	7,100.72
19	Marital Adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income(such a payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero. A	S	
	Total and enter on Line 19.	\$	0.00
20	Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.	\$	7,100.72

21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.						\$	85,208.64
22	Applicable median family inco	ne. Enter the amount from	m Lin	e 16.			\$	71,213.00
	Application of § 1325(b)(3). Ch	eck the applicable box a	nd pro	ceed as	directed.		Ψ	71,210.00
The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determ 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement.						nined u	nder §	
	☐ The amount on Line 21 is no 1325(b)(3)" at the top of pag							
	Part IV. C	ALCULATION (OF I	DEDU	CTIONS FR	OM INCOME		
	Subpart A: I	eductions under Star	ndar	ds of th	ne Internal Reve	nue Service (IRS)		
24A	National Standards: food, appa Enter in Line 24A the "Total" an applicable household size. (This bankruptcy court.)	ount from IRS National	Stand	lards for	Allowable Living	Expenses for the	\$	961.00
National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 16b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.								
	Household members under 65	1			members 65 years			
	a1. Allowance per member b1. Number of members	57			ance per member	144		
	b1. Number of members c1. Subtotal	114.00		Subtot	er of members	0.00		
25A	Local Standards: housing and utilities Standards; non-mortgag available at www.usdoj.gov/ust/	itilities; non-mortgage of expenses for the applic	expen able o	ses. Ent	er the amount of the	ne IRS Housing and	\$	114.00 461.00
Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero. [a. IRS Housing and Utilities Standards; mortgage/rent Expense] \$ 1,403.00 [b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47] \$ 3,438.48				Ψ	401.00			
	c. Net mortgage/rental exper				Subtract Line b fr	om Line a.	\$	0.00
Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:								
							\$	0.00

27A	Local Standards: transportation; vehicle operation/public transportation expense allowance in this category regardless of whether you pay the regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expension included as a contribution to your household expenses in Line 7.				
	If you checked 0, enter on Line 27A the "Public Transportation" amount Transportation. If you checked 1 or 2 or more, enter on Line 27A the Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/	"Operating Costs" amount from IRS Local e applicable Metropolitan Statistical Area or	\$ 230.00		
27B	Local Standards: transportation; additional public transportation for a vehicle and also use public transportation, and you contend that your public transportation expenses, enter on Line 27B the "Public Tr Standards: Transportation. (This amount is available at www.usdoj.gc court.)	you are entitled to an additional deduction for ransportation" amount from the IRS Local	\$ 0.00		
28	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) ■ 1 □ 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average				
	a. IRS Transportation Standards, Ownership Costs \$ 489.00 Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 47 \$ 0.00 c. Net ownership/lease expense for Vehicle 1 Subtract Line b from Line a.				
29	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero.				
	a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 47 c. Net ownership/lease expense for Vehicle 2	\$ 0.00 \$ 0.00 Subtract Line b from Line a.	\$ 0.00		
30	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal,				
31	Other Necessary Expenses: mandatory deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.				
32	Other Necessary Expenses: life insurance. Enter total average mon life insurance for yourself. Do not include premiums for insurance any other form of insurance.	\$ 0.00			
33	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in line 49.				
34	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.				
35	Other Necessary Expenses: childcare. Enter the total average mont childcare - such as baby-sitting, day care, nursery and preschool. Do	\$ 0.00			

36	Other Necessary Expenses: health care. Enter the average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39.	\$	0.00	
37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service-to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.	\$	119.00	
38	Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.	\$	3,362.70	
	Subpart B: Additional Living Expense Deductions			
	Note: Do not include any expenses that you have listed in Lines 24-37			
	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents			
39	a. Health Insurance \$ 0.00			
	b. Disability Insurance \$ 0.00			
	c. Health Savings Account \$ 0.00			
	Total and enter on Line 39	\$	0.00	
	If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:			
	\$			
40	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.	\$	0.00	
41	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.		0.00	
42	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case			
43	Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.	\$	0.00	
44	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.			
	Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. §			
45		\$	0.00	

			Subpart C: Deductions for De	bt l	Payment			
47	own, check scheck case,	list the name of creditor, identify k whether the payment includes duled as contractually due to each	For each of your debts that is secured by the property securing the debt, state to taxes or insurance. The Average Month Secured Creditor in the 60 months for tadditional entries on a separate page.	he A lly P llow	verage Monthly ayment is the to ving the filing of	Payment, and tal of all amounts the bankruptcy	,	
		Name of Creditor	Property Securing the Debt		Average Monthly Payment	Does payment include taxes or insurance		
			Townhouse 9214 Fairlane Place Laurel, MD 20708		Payment	or insurance		
		Saxon Mortgage	Debtor purchased the property in December 2004, the purchase price was \$299,000.00. Debtor refinanced the property in 2006 for \$351,000.00. Debtor is approximately 24 months in		0.400.40	_		
	a.	Services	arrears w	\$	3,438.48 otal: Add Lines	■yes □no	\$	3,438.48
	sums	in default that must be paid in o	o maintain possession of the property. Torder to avoid repossession or foreclosus additional entries on a separate page. Property Securing the Debt Townhouse 9214 Fairlane Place Laurel, MD 20708 Debtor purchased the property December 2004, the purchase price was \$299,000.00. Debtor refinanced the property in 2006 for \$351,000.00. Debtor is	re. I	ist and total any			
			approximately 24 months in		Φ.	700.00		
	a.	Saxon Mortgage Services	arrears w		\$	783.33 Total: Add Lines	\$	783.33
49	prior		laims. Enter the total amount, divided by claims, for which you were liable at the has those set out in Line 33.		0, of all priority	claims, such as		0.00
		pter 13 administrative expense ting administrative expense.	s. Multiply the amount in Line a by the	amo	ount in Line b, a	nd enter the		
50	a. b.	issued by the Executive Office	Chapter 13 plan payment. istrict as determined under schedules ce for United States Trustees. (This ww.usdoj.gov/ust/ or from the clerk of	\$ x		0.00 8.80		
	c.	Average monthly administration	tive expense of Chapter 13 case	To	otal: Multiply Li	nes a and b	\$	0.00
51	Tota	l Deductions for Debt Paymen	t. Enter the total of Lines 47 through 5	0.			\$	4,221.81
		\$	Subpart D: Total Deductions f	ron	n Income			
52	Total	l of all deductions from income	e. Enter the total of Lines 38, 46, and 5	1.			\$	7,584.51

	Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2	2)
53	Total current monthly income. Enter the amount from Line 20.	\$ 7,100.72
54	Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.	·
55	Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19).	f \$ 0.00
56	Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 52.	\$ 7,584.51
	Deduction for special circumstances. If there are special circumstances that justify additional expenses for which there is no reasonable alternative, describe the special circumstances and the resulting expenses in lines a-c below. If necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57. You must provide your case trustee with documentation of these expenses and you must provide a detailed explanation of the special circumstances that make such expense necessary and reasonable.	
57	Nature of special circumstances Amount of Expense]
	a. \$	4
	b.	-
	Total: Add Lines	s 0.00
58	Total adjustments to determine disposable income. Add the amounts on Lines 54, 55, 56, and 57 and enter the result.	\$ 7,584.51
59	Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and enter the result.	\$ -483.79
	Part VI. ADDITIONAL EXPENSE CLAIMS	
	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the of you and your family and that you contend should be an additional deduction from your current monthly income 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average each item. Total the expenses.	under § e monthly expense for
60	Expense Description Monthly Amount a. \$	<u>:</u>
	b. \$	
	c.	
	Total: Add Lines a, b, c and d \$	
	Part VII. VERIFICATION	
	I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a jo	int case, both debtors
61	must sign.) Date: March 6, 2009 Signature: /s/ Olutoyin O. Oguntolu Olutoyin O. Oguntolu (Debtor)	

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 08/01/2008 to 01/31/2009.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: U. of Maryland

Income by Month:

6 Months Ago:	08/2008	\$4,246.82
5 Months Ago:	09/2008	\$4,246.82
4 Months Ago:	10/2008	\$6,370.23
3 Months Ago:	11/2008	\$4,246.82
2 Months Ago:	12/2008	\$4,246.82
Last Month:	01/2009	\$4,246.82
	Average per month:	\$4,600.72

Line 9 - Income from all other sources Source of Income: son's contribution Constant income of \$2,500.00 per month.